

9/450,023

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BP	70385	
O.I.P.E. CLASSIFIER		8	12-20-99
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	59523		12-31-99

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral).....	Canceled	A	Appeal
.....	Restricted	O	Objected

CLASS
70
TITLE OF INV

TITLE OF INV**APPLICANT(S)**[illegible]

<input type="checkbox"/>	TERMINAL DISCLOSURE
<input type="checkbox"/>	The term of this patent, if subsequently granted, shall not extend beyond the term of the U.S. Patent No. _____
<input type="checkbox"/>	The term of this patent, if subsequently granted, shall not extend beyond the term of the U.S. Patent No. _____
<input type="checkbox"/>	The term of this patent, if subsequently granted, shall not extend beyond the term of the U.S. Patent No. _____
WARNING: The information disclosed herein is for informational purposes only and does not constitute an offer of insurance or any other financial product.	

Form PTD-436A
(Rev. 5/87)

Claim	Final	Original	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Claim		Date					
Final Original							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

Claim		Date
Final	Original	
	101	
	102	
	103	
	104	
	105	
	106	
	107	
	108	
	109	
	110	
	111	
	112	
	113	
	114	
	115	
	116	
	117	
	118	
	119	
	120	
	121	
	122	
	123	
	124	
	125	
	126	
	127	
	128	
	129	
	130	
	131	
	132	
	133	
	134	
	135	
	136	
	137	
	138	
	139	
	140	
	141	
	142	
	143	
	144	
	145	
	146	
	147	
	148	
	149	
	150	

**If more than 150 claims or 10 actions
staple additional sheet here**

(LEFT INSIDE)

BEST AVAILABLE COPY